Foster Family Home - Corrective Action Report

1-587743 Provider ID: 1-587743-3 Review ID: Jean Prieto, CNA Home Name: Sue Lo Reviewer: 91-102 Akekee Place 7/7/2017 Begin Date: 96706 HI Ewa Beach [17-1454-6] **Required Certificate Foster Family Home** Comply with all applicable requirements in this chapter; and 6.(d)(1)Comment: 6 (d)(1) Home visit made on 7/7/2017 a 2-bed requested to change to 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 8/7/2017. 6 (d)(1) see applicable sections of this review. [17-1454-7.1] **Background Checks Foster Family Home** Be subject to criminal history record checks in accordance with section 846-2.7, HRS; 7.1.(a)(1) Comment: 7.1.(a)(1) Lapsed on eCrim checks due on/before 5/7/2017 - was done on 5/17/2017 for CG#2, CG#3, HHM#1, and HHM#2. [17-1454-41] Personnel and Staffing **Foster Family Home** Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary 41.(b)(8) resuscitation, and basic first aid. Comment: 41.(b)(8) Lapsed on First Aid Training due on/before 12/28/2015 - was done on 1/7/2017 for CG#2.

Compliance Manager

Primary Care Giver

Date 7/7/17

7/7/2017 17:36 PM

Written Plan of Correction

7/8/17

7.1(a)(1)(G#2, CG#3, HHM#1, and HHM#2. Will not lapse in Ecrim in the future

41.(b)(8) (6 #2: Will not lapse in First Aid Training again anymore.

Presentian Plan. Write CG's and HHM's name on a sheet of paper and beside it the requirements before due date so it will not lapse, in the future for Earin and the First Aid Training.

> gen & Prietr 91-102 Akekei Place Ewa Black, Hawan 94704